PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450



or <u>Fax</u> (703) 746-4000

| | INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence addindicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRE maintenance fee notifications. | | | | | | | | |
|-------------|--|---|---|--|---|---|---|--|--|
| | 21872 75 | E ADDRESS (Note: Use Block 1 for 590 07/05/2005 RD SPACE FLIGHT | | OIPE | papers. E | ansmittal, Th ach additions wn certificat | mailing can only be used fis certificate cannot be used al paper, such as an assignme of mailing or transmission. | for any other accompanying ent or formal drawing, must | |
| | OFFICE OF PATE MAIL CODE 503 GREENBELT, MD | NT COUNSEL | (. | JUL 1 4 2005 | | certify that the stal Service value of the Mai to the USP | rtificate of Mailing or Tran is Fee(s) Transmittal is bein with sufficient postage for fir 1 Stop ISSUE FEE address TO (703) 746-4000, on the | smission g deposited with the United st class mail in an envelope above, or being facsimile date indicated below. | |
| 0// | 19/2005 HDENESS2 00000 | | RADEMARITA | | Milelene Gunyon | | (Depositor's name) | | |
| | FC:1501 1400.00 DA FC:8001 9.00 DA | | | | | (AL) | | (Signature) | |
| VE | | | | | | 7// | 3/05 | (Date) | |
| | APPLICATION NO. FILING DATE | | FIRST NAMED INVEN | | D INVENTOR | | ATTORNEY DOCKET NO. | CONFIRMATION NO. | |
| | 09/965,248 09/28/2001 | | Susan K. S | | Semancik | | GSC 14,409-1 | 3035 | |
| | TITLE OF INVENTION: FAIL-OVER FILE TRANSFER PROCESS | | | | | | | | |
| | | | • | | | | · | | |
| | APPLN, TYPE | SMALL ENTITY | ISSUE F | EE | PUBLICATION FEE | | TOTAL FEE(S) DUE | DATE DUE | |
| | nonprovisional NO | | \$1400 | | \$0 | | \$1400 | 10/05/2005 | |
| | EXAMINER | | ART UNIT | | CLASS-SUBCLASS | | | | |
| | DUNCAN, MARC M | | 2113 | | 714-002000 | | | | |
| | Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. | | | 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, | | | | | |
| | "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. | | | (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. | | | | | |
| | 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) | | | | | | | | |
| | PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the observable of the form recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. | | | | | | | | |
| | (A) NAME OF ASSIGNEE United States of (B) America as represented by the Administrator of the National Aeronautics and Space | | | | Washington, D.C. JUL 19 2005 | | | | |
| | Administration Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government | | | | | | | | |
| | 4a. The following fee(s) are enclosed: 4b. Payment of Fee(s): | | | | | | | | |
| | Issue Fee | | | A check in the amount of the fee(s) is enclosed. | | | | | |
| | Publication Fee (No small entity discount permitted) | | | Payment by credit card. Form PTO-2038 is attached. | | | | | |
| | Advance Order - # of Copies3 | | | The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number (enclose an extra copy of this form). | | | | | |
| | 5. Change in Entity Status (from status indicated above) a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. | | | | | | <u></u> | | |
| .: | The Director of the USPTO is requested to annly the Issue Fee and Publication Fee (if any) or to a graph any angle only and the state of the state o | | | | | | | | |
| | NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office. | | | | | | | | |
| | Authorized Signature Van aud (| | | | | Date | 1/12/05 | | |
| | Typed or printed name Bryah Geurts | | | | | Registration | 34,825 No | <u> </u> | |
| s t E | This collection of information in application. Confidentiality submitting the completed app his form and/or suggestions to Box 1450, Alexandria, Virgin Alexandria, Virginia 22313-14 | olication form to the USPT(for reducing this burden, sho ia 22313-1450. DO NOT S | 11. The information 122 and 37 CFR 1 D. Time will vary ould be sent to the SEND FEES OR C | n is required (.14. This col depending up Chief Inform OMPLETED | to obtain or retain a lection is estimated on the individual nation Officer, U.S. FORMS TO THIS | benefit by the locate Any concept. Any concept. Patent and SADDRESS | ne public which is to file (and ninutes to complete, includin mments on the amount of tir Trademark Office, U.S. Depp SEND TO: Commissioner | by the USPTO to process) gg gathering, preparing, and ne you require to complete artment of Commerce, P.O. for Patents, P.O. Box 1450, | |

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.